

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

Page 1 of 2

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	Ø	01 / 26 / 2018		OLD TOWN CHINESE RESTAURANT II	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				10:00 AM	11:40 PM	LIDA CORPORATION	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:			A	170003049		LOT 5102 - 1, 5102 STE 103 + 104 EAST/WEST BUSINESS CTR, UPPER TOWN, GU	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				6	647-8200	0	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Supervision					
1	(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health					
2	(IN) OUT	Management awareness, policy present			6
3	(IN) OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices					
4	(IN) OUT N/A N/O	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	(IN) OUT N/A N/O	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands					
6	(IN) OUT N/A N/O	Hands clean and properly washed			6
7	(IN) OUT N/A N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	(IN) OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source					
9	(IN) OUT	Food obtained from approved source			6
10	(IN) OUT N/A N/O	Food received at proper temperature			6
11	(IN) OUT	Food in good condition, safe, and unadulterated			6
12	(IN) (OUT) N/A N/O	Required records available: shellstock tags, parasite destruction		X	6
Protection from Contamination					
13	(IN) OUT N/A	Food separated and protected			6
14	(IN) OUT N/A	Food contact surfaces, cleaned & sanitized			6
15	(IN) OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)					
16	(IN) OUT N/A N/O	Proper cooking time and temperatures			6
17	(IN) OUT N/A N/O	Proper reheating procedures for hot holding			6
18	(IN) OUT N/A N/O	Proper cooling time and temperatures			6
19	(IN) OUT N/A N/O	Proper hot holding temperatures			6
20	(IN) OUT N/A	Proper cold holding temperatures			6
21	(IN) OUT N/A N/O	Proper date marking and disposition			6
Consumer Advisory					
22	(IN) OUT (N/A)	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations					
23	(IN) OUT (N/A)	Pasteurized foods used; prohibited foods not offered			6
Chemical					
24	(IN) OUT N/A	Food additives: approved and properly used			6
25	(IN) OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures					
26	(IN) OUT (N/A)	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
Safe Food and Water					
27		Pasteurized eggs used where required			1
28		Water and ice from approved source			2
29		Variance obtained for specialized processing methods			1
Food Temperature Control					
30		Proper cooling methods used; adequate equipment for temperature control			1
31		Plant food properly cooked for hot holding			1
32		Approved thawing methods used			1
33		Thermometer provided and accurate			1
Food Identification					
34		Food properly labeled; original container			1
Prevention of Food Contamination					
35		Insects, rodents, and animals not present			2
36		Contamination prevented during food preparation, storage & display			1
37		Personal cleanliness			1
38		Wiping cloths: properly used and stored			1
39		Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.					
Person in Charge (Print and Sign)					
Date: 01/26/18					
DEH Inspector (Print and Sign)					
Follow-up (Circle one): YES (NO) N/A					

DEH Inspector (Print and Sign) L. NAVARRO, EPHO 1 R. ORIONDO, EPHO 191W

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

Page 2 of 2

ESTABLISHMENT NAME OLD TOWN CHINESE RESTAURANT II		LOCATION (Address) 1038 104 EAST/WEST BUSINESS CENTER, UPPER TUMON
INSPECTION DATE 01/26/2018	SANITARY PERMIT NO. 170003049	PERMIT HOLDER LIDA CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 01/09/18, WHICH RESULTED IN A GRADE/RATING OF C+/D. ALL PREVIOUS VIOLATIONS OF ITEMS NO. 2, 6, 7, 8, 13, 19, 20, 21, 32, 33, 34, 35, 38, 40, 41, 45, 46, 48, 49, 52, AND 54 WERE CORRECTED. THE FOLLOWING NEW VIOLATION WAS OBSERVED:	
12	NO SHELL STOCK TAGS PROVIDED FOR OYSTERS BEING SERVED TO CUSTOMERS. CORRECTIVE ACTION: OYSTERS WERE DISCARDED AND PIC SAID HE WILL MAKE SURE TO GET TAGS FROM SUPPLIER IN THE FUTURE. SHELL STOCK TAGS SHALL BE AVAILABLE TO ENSURE THAT SHELLFISH COME FROM APPROVED AND SAFE WATER SOURCES.	CDS
	RETRIEVED "D" PLACARD NO. 00230 AND NOTICE OF CLOSURE PLACARD.	
	ISSUED "A" PLACARD NO. 02114, AND SANITARY PERMIT RE-INSTATEMENT SUP.	
	A \$100 RE-INSTATEMENT FEE SHALL BE PAID TO DPHSS PRIOR TO RESUMING OPERATIONS.	
	DISCUSSED THIS REPORT WITH MANAGER, MASON FINONA.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date:

Date:

LEILANI NAVARRO

REMILIZA ORIONOD

Rev: 08.27.15

White: DPHSS/DEH

Yellow: Food Establishment

01/26/18

01/26/2018

RE-INSPECTION REQUEST

TO:

Division of Environmental, DPHSS
Facsimile No. (671) 734-5556 or (671) 300-9577

300-9580

FROM:

OLD TOWN CHINESE RESTAURANT II

ESTABLISHMENT NAME

LIDA CORPORATION

OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 01/04/18 by L. NAVARRO / R. ORIONDO

Date

Name of EPHO Inspector

resulting a letter grade of 69/0 I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
1	PIC with a serveSafe is present and an additional person has been appointed as a PIC and is registered with GEC for the serveSafe course.
2	Employees have been trained in regards to health restriction and exclusion. Each employee has signed an agreement saying that they have been trained.
6	Employees have been trained on proper hand washing by PIC. A roster for a 4 hour in house training is available. PIC conducted a 4 hour in house training for employees.
7	Employees have been trained by PIC in regards to proper food handling and when to use food service gloves. Part of the 4 hour in house training conducted by PIC.
8	Hand washing sink is free and cleared, easily accessible, hand washing sign is posted and soap is provided. A new water heater has been installed, hot water is provided.
13	All food items throughout the restaurant has been covered and separated, the employees have removed all personal items and shall be assigned a designated area.
14	The chopping board has been discarded and a new one will be purchased if needed. Ice machine has been serviced and cleaned by AMT.
19	Raw and precooked food items have been placed inside the chillers / Freezers. Temperatures are @ 41°F or below.
20	Roasted Duck and other meat items are inside chillers / Freezers. Temperatures are @ 41°F or below.
21	Food items that are intended to be kept for more than 24 hours have been properly marked and dated.
32	Kitchen staff have been trained by PIC on proper ways to thaw raw meat. Part of 4 hours in house training.
33	Food Thermometers have been purchased and is readily available for use.
34	all food items that have been removed from their original containers have been labelled.

I am requesting a re-inspection of this establishment on 01/17/18 at 11:00am or at your earliest convenience.

If you should have any questions, please call me at 483-3498 Thank you.

Mason Finora
PRINT NAME

SIGNATURE

01/10/18
DATE

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Facsimile No. (671) 734-5556 or (671) 300-9577

300-9580

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Date Name of EPHO Inspector

resulting a letter grade of 69/0 I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
35	All areas have been cleaned through thoroughly. No Kapi pest control has been contacted for service and has been conducted for 4 days. A contract is provided.
38	Employees have been trained on the proper storage of the wiping clothes, and as well as the proper solution measurements.
40	In use utensils will be stored in separate containers and will be cleaned every 2 hours or as needed to prevent contamination.
41	Spoons and forks have been properly stored with head section facing down to prevent contamination.
45	Chlorine test strips are now provided and employees have been trained to properly use the test strips.
46	All food contact surfaces have been cleaned and/or resurfaced to prevent contamination.
48	All the pipes have been inspected and all leaks have been repaired.
49	A new drain. Air gap drain has been installed for the ice machine. The drain is properly covered.
52	All areas of the restaurant has been thoroughly cleaned and repaired. walls have been cleaned, drains were properly sealed and holes have been closed.
54	The employee Aniwina Akiou has been suspended from working until a Health certification is provided to PIC

I am requesting a re-inspection of this establishment on 01/19/18 at 11:00am or at your earliest convenience.

If you should have any questions, please call me at 483-3498. Thank you.

Mason Finona

PRINT NAME

SIGNATURE

01/10/18

DATE

4 hours In House training

Conducted by Mason Finora

Areas covered:

- Hand washing
- Dish washing
- Food surface cleaning and sanitizing.
- Sanitizing Solution
- proper cloth storage
- proper use of Food Service gloves
- Handling of RTE Foods
- Food Storage Label
- Labeling non original container items.
- proper Food Storage.
- Food service employees Health Policy.
- Cleaning Schedules

Name:

LIU YAN QUN

Lin Zhong Huang

Jin Lan Liu

XIAOHUA ZHANG

Li Liu

Signature:



XIAOHUA ZHANG



Cleaning Schedules

Kitchen

- All food contact surfaces will be cleaned ^{and sanitized} after every use.
(Daily)
- Kitchen floors will be scrubbed at the end of the day before employees leave.
- kitchen floor will be swept after every shift or as needed and for during down time.
- A detailed cleaning will be done once a week on ^{Saturday} ~~Sunday~~ or Sunday night according to how busy it is at the time.
 - detailed cleaning will consist of:
 - Scrubbing the floor
 - scrubbing the walls
 - cleaning out chillers and freezers
 - Discarding any expired food items.
 - cleaning chillers and freezers of ice build ups.
 - clean stove Tops and counter areas.
 - clean filters for the hood exhausts.

Front Service Areas

- The counter will be wiped down after every shift or as needed.
- the floor will swept and mopped on a daily basis and will be monitored by employees for any debris that will taken care of immediately.
- A detailed cleaning will be done once a week either on a Saturday or Sunday depending on how busy the restaurant is on those days.
 - detailed cleaning will consist of
 - cleaning restaurant floors
 - cleaning behind booth chairs
 - cleaning all counter areas
 - cleaning drink chillers
 - cleaning Ice Cream freezer
 - cleaning storage areas

FORM
1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____

Date _____

Food Employee Name (please print) XIAO HUA ZHANG

Signature of Food Employee ZHANG XIAO HUA

Date 01/10/18

Signature of Permit Holder or Representative [Signature]

Date 01/10/18

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Signature of Conditional Employee _____

Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____

Date 01-10-18

Signature of Permit Holder or Representative _____

Date 01/10/18

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Conditional Employee Name (please print) _____

Signature of Conditional Employee _____

Date _____

Food Employee Name (please print) Tim Lan Liu

Signature of Food Employee [Signature]

Date 01-10-18

Signature of Permit Holder or Representative [Signature]

Date 01/10/18

FORM
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Conditional Employee Name (please print) _____

Signature of Conditional Employee _____

Date _____

Food Employee Name (please print) Mason Finster

Signature of Food Employee _____

Date 01/10/18

Signature of Permit Holder or Representative _____

Date 01/10/18

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Conditional Employee Name (please print) _____

Signature of Conditional Employee _____

Date _____

Food Employee Name (please print) X L/N Zhong Huang

Signature of Food Employee X [Signature]

Date 01/10/18

Signature of Permit Holder or Representative _____

Date _____

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 1/24/18 TECHNICIAN: J. Ngira REVIEWED BY: _____
 COMPANY NAME: Old Town Chinese Rest.
 JOB LOCATION: Upper Tumon
 TYPE OF SERVICE: Roach Service / Assessment (3 Day Consecutive)
 RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Transport Mikrone	2.5 oz		1 1/2 gal tho.

NO KA OI



Termite & Pest Control(Guam), Inc.
 P.O.Box 24428, GNF, Guam 96921
 Tel: (671) 734-1773 • Fax (671) 734-1777 • License No. 4655
 WWW.NOKAOGUAM.COM

Date of Service 1/24/18
 Time In 8:40 AM Time Out 9:40 AM
 Customer Name Old Town Chinese Rest.
 Service Address Upper Tumon

DESCRIPTION OF SERVICE	No. <u>11- 59679</u>
Did inspection to denning areas, front cashier counter, kitchen, chillers, sinks, shelves, prep tables, sinks, all available possible areas, restrooms, conducted a resident spot treatment to listed areas.	
Remarks: <u>No activity noticed at the time of inspection</u> <div style="text-align: right;"> Thank you </div>	

I hereby acknowledge the satisfactory completion of the above described work.

Li Lin Print and Sign

Technician

Jordan
 Signature

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 1/23/18 TECHNICIAN: J. Nguira REVIEWED BY: _____

COMPANY NAME: Old Town Chinese Rest.

JOB LOCATION: Upper Tumon

TYPE OF SERVICE: Rough Service / Assessment (3 consecutive days)

RECOMMENDATION(S): _____

PRODUCT(S) USED

PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
Transport Mixture	2.5 oz		1 1/4 gal H ₂ O
C-B - 80			1 can

NO KA OI



Termite & Pest Control (Guam), Inc.

P.O. Box 24426, GUMF, Guam 96921

Tel: (671) 734-1773 • Fax (671) 734-1777 • License No. 4655

www.nkoguam.com

Date of Service 1/23/18

Time In 8:05 p.m.

Time Out 9:25 p.m.

Customer Name Old Town Chinese Rest.

Service Address Upper Tumon

DESCRIPTION OF SERVICE

No. **11-61893**

Did inspection to dining areas, front/cashier areas, counter, kitchen holding, prep tables, shelves, sinks, baseboards, chairs, found a crack & crevice / flush out, treatment, residue spray too and no activity noticed.

Remarks:

Noticed no activity at the time of inspection.

Thank you



I hereby acknowledge the satisfactory completion of the above described work.

X LIA YAN XUN
Print and Sign

Technician

J. Nguira
Signature

NO KA OI TERMITE PEST CONTROL (GUAM) INC.

DATE: 1/22/18 TECHNICIAN: Jordan/Cris REVIEWED BY: _____
 COMPANY NAME: Old Town Chinese Rest.
 JOB LOCATION: Upper Tuman
 TYPE OF SERVICE: Roach Service
 RECOMMENDATION(S): _____

PRODUCT(S) USED			
PRODUCT NAME	CONCENTRATE AMT.	PERCT%	TOTAL USED - GALS/GRAMS/SCOOPS
<u>Anibon</u>	<u>.33 oz</u>		<u>3/4 gal. (P)</u>
<u>Uld-BP-100</u>			<u>1/4 gallon</u>

NO KA OI



Termite & Pest Control(Guam), Inc.
 P.O.Box 24428, GMF, Guam 96921
 Tel: (671) 734-1773 • Fax: (671) 734-1777 • License No. 4656
 www.nkoguam.com

Date of Service 1/22/18
 Time In 10:35pm Time Out _____
 Customer Name Old Town Chinese Rest
 Service Address Upper Tuman

DESCRIPTION OF SERVICE		No 11- 61237
<p><u>Did inspection to kitchen, hotlines, sinks, prep tables, shelves, shelves, fruit counter, cleaning, storage, canyon areas, residue spray and conducted a fogging treatment.</u></p>		
Remarks:	<p><u>No activity of roaches noticed after service</u></p>	
<p align="right">Thank you </p>		

I hereby acknowledge the satisfactory completion of the above described work.

X LILY YAN QUN
 Print and Sign

Technician

Jordan/Cris
 Signature